

2022 Medicare Part D Stand-Alone Prescription Drug Plans

Requires Medicare Part A and/or Part B to qualify for Part D

For use by HICAP Counselors in assisting Medicare beneficiaries. See Plan EOC or Medicare Plan Finder for plan details

Organization Name Enrollment Telephone No. Website	Plan Name	Plan Contract / ID	Monthly Premium	Annual Deductible	Copayments & coinsurance after deductible and prior to reaching \$4,430 initial coverage limit						Additional Coverage in Gap*	Extra Help (LIS)	Quality Rating
					Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6			
Aetna Medicare 833-526-2445 aetnamedicare.com	SilverScript Choice	S5601-064	\$30.60	\$480**	\$0	\$5	17%	35%	25%	N/A		Yes	3.5
	SilverScript Plus	S5601-065	\$81.80	\$0	\$0	\$2	\$47	50%	33%	N/A	Tier 1,2		3.5
	SilverScript SmartRx	S5601-207	\$7.50	\$480**	\$1	\$19	\$46	49%	25%	N/A			3.5
Anthem Blue Cross 855-793-1938 anthem.com/medicare	MediBlue Rx Plus	S5596-088	\$92.00	\$0	\$1	\$3	\$47	50%	33%	N/A			4.0
	MediBlue Rx Standard	S5596-087	\$85.30	\$360	\$1	\$4	\$42	34%	27%	N/A			4.0
Blue Shield of California 888-292-7591 blueshieldca.com	Rx Plus	S2468-003	\$90.20	\$480**	\$4	\$13	\$43	38%	25%	N/A			3.5
	Rx Enhanced	S2468-004	\$160.20	\$0	\$2	\$7	\$43	31%	33%	N/A			3.5
Cigna 800-735-1459 cigna.com/medicare	Essential Rx	S5617-311	\$45.90	\$480**	\$0	\$6	18%	42%	25%	N/A			3.5
	Secure Rx	S5617-158	\$46.10	\$480**	\$1	\$2	\$22	50%	25%	\$0			3.5
	Extra Rx	S5617-277	\$71.60	\$100**	\$4	\$10	\$42	50%	31%	\$0	Tier 1,2		3.5
Clear Spring Health 877-317-6082 clearspringhealthcare.com	Premier Rx	S6946-056	\$16.00	\$480**	\$1	\$5	\$42	45%	25%	N/A			2.0
	Value Rx	S6946-027	\$29.20	\$480	\$1	\$3	\$42	34%	25%	N/A		Yes	2.0
Elixir Insurance 888-377-1439 elixirinsurance.com	RxSecure	S7694-032	\$32.40	\$480	\$1	\$4	15%	31%	25%	N/A		Yes	3.0
	RxPlus	S7694-137	\$36.80	\$480**	\$1	\$6	\$43	40%	25%	N/A			3.0

* During the coverage gap, plans may cover all or only some drugs within the listed tiers.

** Deductible may not apply to all tiers.

Notes:

Copayments/coinsurance amounts based on a 30-day supply of a covered prescription drug from a preferred pharmacy. Non-preferred pharmacy prices may be higher.

Quality Rating is based on a combination of member satisfaction, problems with plan and complaints.

Tier 1 = Preferred Generic; Tier 2 = Generic; Tier 3 = Preferred Brand; Tier 4 = Non-Preferred Drug; Tier 5 = Specialty; Tier 6 = Select Care Drug

2022 Medicare Part D Stand-Alone Prescription Drug Plans

Requires Medicare Part A and/or Part B to qualify for Part D

For use by HICAP Counselors in assisting Medicare beneficiaries. See Plan EOC or Medicare Plan Finder for plan details

Organization Name Enrollment Telephone No. Website	Plan Name	Plan Contract / ID	Monthly Premium	Annual Deductible	Copayments & coinsurance after deductible and prior to reaching \$4,430 initial coverage limit						Additional Coverage in Gap*	Extra Help (LIS)	Quality Rating
					Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6			
Humana Insurance Co. 800-706-0872 humana.com/medicare	Walmart Value Rx Plan	S5884-211	\$24.20	\$480**	\$0	\$2	15%	40%	25%	N/A			4.0
	Basic Rx Plan	S5884-114	\$32.00	\$480	\$0	\$1	19%	36%	25%	N/A		Yes	4.0
	Premier Rx Plan	S5884-178	\$86.20	\$480**	\$1	\$4	\$45	49%	25%	N/A			4.0
Mutual of Omaha Rx 800-961-9006 mutualofomaha.com	Rx Premier	S7126-101	\$35.20	\$480**	\$0	\$13	23%	44%	25%	N/A			3.5
	Rx Plus	S7126-031	\$106.90	\$480	\$1	\$3	17%	42%	25%	N/A			3.5
UnitedHealthCare (AARP) 888-867-5564 800-753-8004 (Walgreens) aarpmedicareplans.com	MedicareRx Saver Plus	S5921-376	\$42.60	\$480	\$1	\$5	\$38	40%	25%	N/A			4.0
	MedicareRx Walgreens	S5921-413	\$30.50	\$310**	\$0	\$10	\$40	40%	27%	N/A			4.0
	MedicareRx Preferred	S5820-031	\$102.90	\$0	\$5	\$10	\$45	40%	33%	N/A			3.5
WellCare 888-293-5151 wellcare.com/pdp	Value Script	S4802-163	\$10.90	\$480**	\$0	\$4	\$42	47%	25%	N/A			3.5
	Classic	S4802-094	\$29.50	\$480	\$0	\$7	\$39	35%	25%	N/A		Yes	3.5
	Medicare Rx Value Plus	S4802-235	\$68.90	\$0	\$0	\$4	\$47	50%	33%	N/A			3.5

* During the coverage gap, plans may cover all or only some drugs within the listed tiers.

** Deductible may not apply to all tiers.

Notes:

Copayments/coinsurance amounts based on a 30-day supply of a covered prescription drug from a preferred pharmacy. Non-preferred pharmacy prices may be higher.

Quality Rating is based on a combination of member satisfaction, problems with plan and complaints.

Tier 1 = Preferred Generic; Tier 2 = Generic; Tier 3 = Preferred Brand; Tier 4 = Non-Preferred Drug; Tier 5 = Specialty; Tier 6 = Select Care Drug